2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005
Secretary of State

DOCUMENT# 742741

Entity Name: ANDOVER H CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

ANDOVER H CENT. VILLAGE
191 ANDOVER H
WEST PALM BEACH, FL 33417

New Principal Place of Business:

Current Mailing Address:

ANDOVER H CENT. VILLAGE
191 ANDOVER H
WEST PALM BEACH, FL 33417

New Mailing Address:

FEI Number: 59-1636599 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPILKEN, MICHAEL
191 ANDOVER H
W PALM BCH, FL 33417 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	SPILKEN, MICHAEL	
Address:	191 ANDOVER H	
City-St-Zip:	W PALM BEACH, FL 33417	
Title:	VPD	( ) Delete
Name:	WASSERMAN, STEVEN	
Address:	202 ANDOVER H	
City-St-Zip:	WEST PALM BEACH, FL 33417	
Title:	TD	( ) Delete
Name:	SCHMITZ, PAUL	
Address:	196 ANDOVER H	
City-St-Zip:	LM BEACH, FL 334017	
Title:	SD	( ) Delete
Name:	BANAS, BRENDA	
Address:	205 ANDOVER H	
City-St-Zip:	W PALM BEACH, FL 33417	
Title:	D	( ) Delete
Name:	ESCOTT, BEA	
Address:	195 ANDOVER H	
City-St-Zip:	W. PALM BEACH, FL 33417	
Title:	D	( ) Delete
Name:	KATZOFF, GEORGE	
Address:	208 ANDOVER H	
City-St-Zip:	WEST PALM BEACH, FL 33417	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL SPILKEN PRES 03/04/2005
Electronic Signature of Signing Officer or Director — Date